

CONGRESSMAN HUIZENGA

INTERNSHIP PROGRAM



Name: _____

Permanent Address: _____

Current Address: _____

Telephone Number: _____

Cell Phone Number: _____

Email: _____

Birth Date: _____

High School Attended: _____

Year of Graduation: _____

College or University: _____

Expected Graduation Date: _____

Major/Degree: _____

Minor: _____ **GPA:** _____

District or Washington, D.C. Internship: _____

College Leadership Roles, Activities, Achievements, and Interests:

In which internship term(s) are you interested?

___ Fall

___ Spring

___ Summer

Please include the dates you are available: _____

Do you expect to receive college credit for this internship? ☐ Yes ☐ No

If yes, please explain the conditions required for credit to be granted:

What is the name and phone of your program coordinator: _____

Please attach the following to your application:

1. A brief essay (250 words or less) explaining why you would like to intern with Congressman Huizenga
2. A current resume
3. A list of three references with phone numbers and email addresses included

Signature: _____ Date: _____

District Applicants – please email copy to Sarah.Lisman@mail.house.gov

Washington, D.C. Applicants – please email copy to Ben.Ridder@mail.house.gov

If you have any questions, please contact Sarah Lisman in the Grandville District Office at 616-570-0917.